

Name
in
Full

John Wesley Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

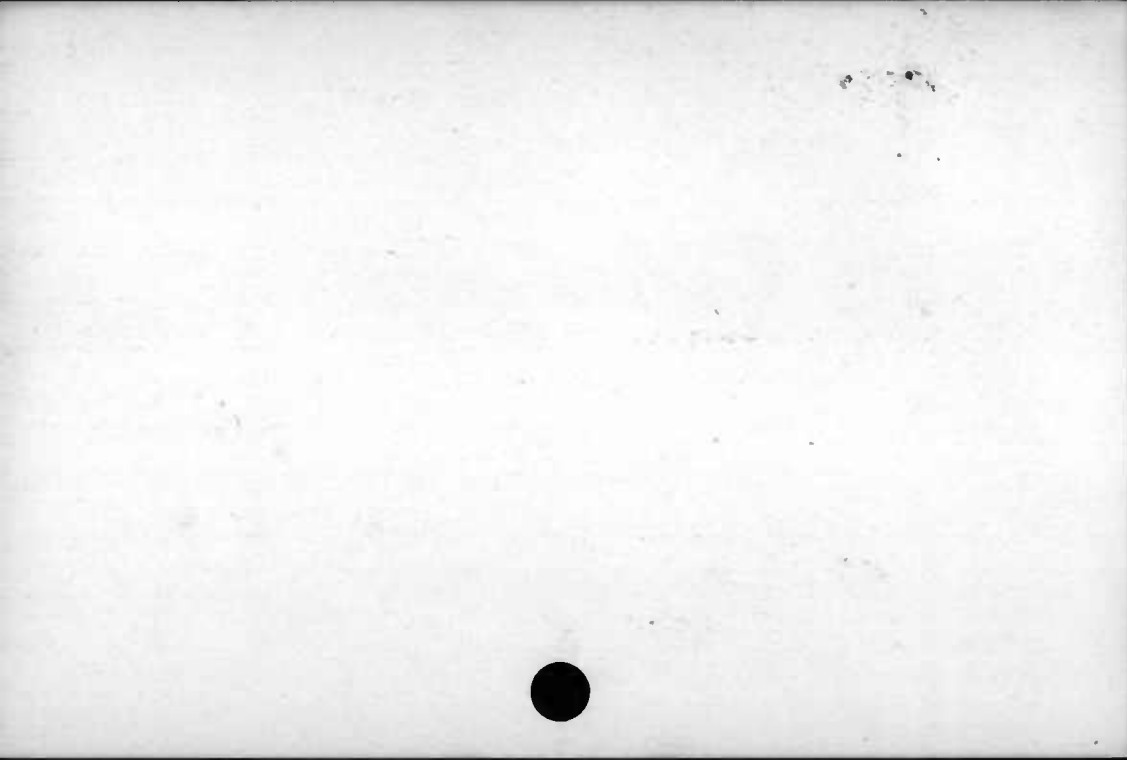
MARYLAND

Died at		Town		County	
Olin		Calvert		Calvert	
Date of death 190	3	Month	Oct	Day	13
Age		Years		64	
Sex		male		Color or Race	
Colored		Birth-place		Calvert Co	
Married, Single or Widowed		married		Occupation	
Farmer		Name of Wife or Husband		Mary Fowler	
Father's Name		Peter Brooks		Father's Birthplace	
Calvert Co		Mother's Maiden Name		Barbara Gray	
X		Mother's Birthplace		Calvert Co	
Name of person giving information		Jas. T. Johnson		How related to deceased	
Nephew					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malaria	How long	about 3 wks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. F. Chambers MD
		Address	Lusby, Calvert Co
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Zeranette P. Furland</i>		Town <i>Pr. Indian</i>		County <i>Calvert</i>		MARYLAND	
Died at <i>Pr. Indian</i>		Month <i>Oct.</i>		Day <i>22</i>		Years <i>70</i>	
Date of death 190 <i>3</i>		Months <i>6</i>		Days <i>6</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Cal. Co.</i>			
Married, Single or Widowed <i>Widowed</i>		Occupation					
Name of Wife or Husband <i>J. W. Shumwell</i>							
Father's Name <i>E. Hulbert Furland</i>		Father's Birthplace <i>Cal. Co.</i>					
Mother's Maiden Name <i>Elija Coane</i>		Mother's Birthplace <i>" "</i>					
Name of person giving In formation <i>Mrs Rebecca Parran</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fracture of shoulder & wrist</i>	How long <i>4 days</i>
Immediate <i>Conjestion of Lungs & Exhaustion</i>	How long <i>2 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Leitch</i>
<i>Accident</i>	Address <i>Huntingtown</i>
Accident or Suicide?	<i>W.D.</i>



Name
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CERTIFICATE OF DEATH

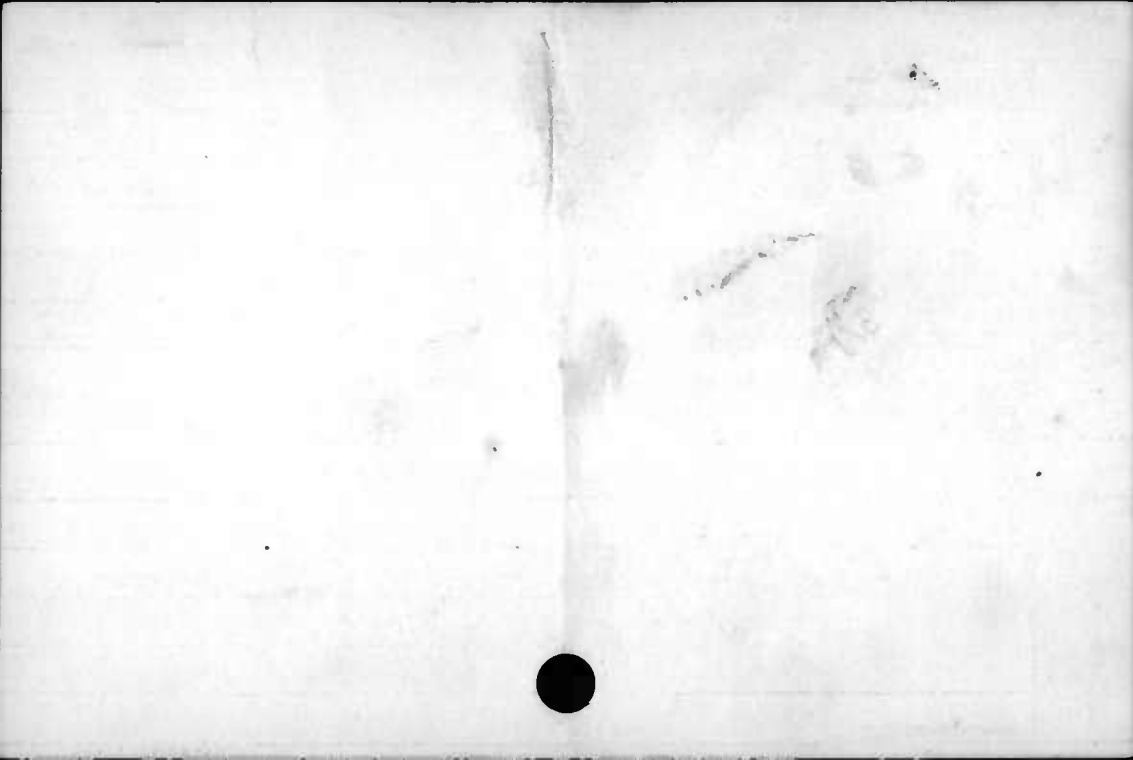
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Island Creek</i>		Town		County		State	
Date		Month	Day	Years	Months	Days	
of death 1903		<i>October</i>	<i>5</i>	Age	<i>46</i>	<i>yes</i>	
Sex	<i>male</i>	Color or Race	<i>C</i>	Birth-place			
Married, Single or Widowed				Occupation			
				<i>Farmer</i>			
Name of Wife or Husband							
<i>Kate N. Gault</i>							
Father's Name							
Mother's Maiden Name							
<i>Chasney Gault</i>							
Name of person giving information						Father's Birthplace	
						Mother's Birthplace	
						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Corruption</i>	How long	<i>1 year</i>
Immediate	<i>Drainage</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		<i>John J. Brooks</i>	
Accident or Suicide?			



Name
in
Full

Eliza Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Lusby* Town *Calvert* County

Date of death 190 *3* Month *Oct* Day *6* Age *23* Years Months *—* Days *—*

Sex *Female* Color or Race *Colored* Birth-place *Calvert Co Md*

Married, Single or Widowed *Single* Occupation *—*

Name of Wife or Husband *—*

Father's Name *Zachariah Gray*

Father's Birthplace *Calvert Co*

Mother's Maiden Name *Mary E. Batson*

Mother's Birthplace *Calvert Co*

Name of person giving information *J. B. Gray*

How related to deceased *Brother*

CAUSES OF DEATH

Primary *Phthisis* How long *about 7*

Immediate *Exhaustion* How long *Mo*

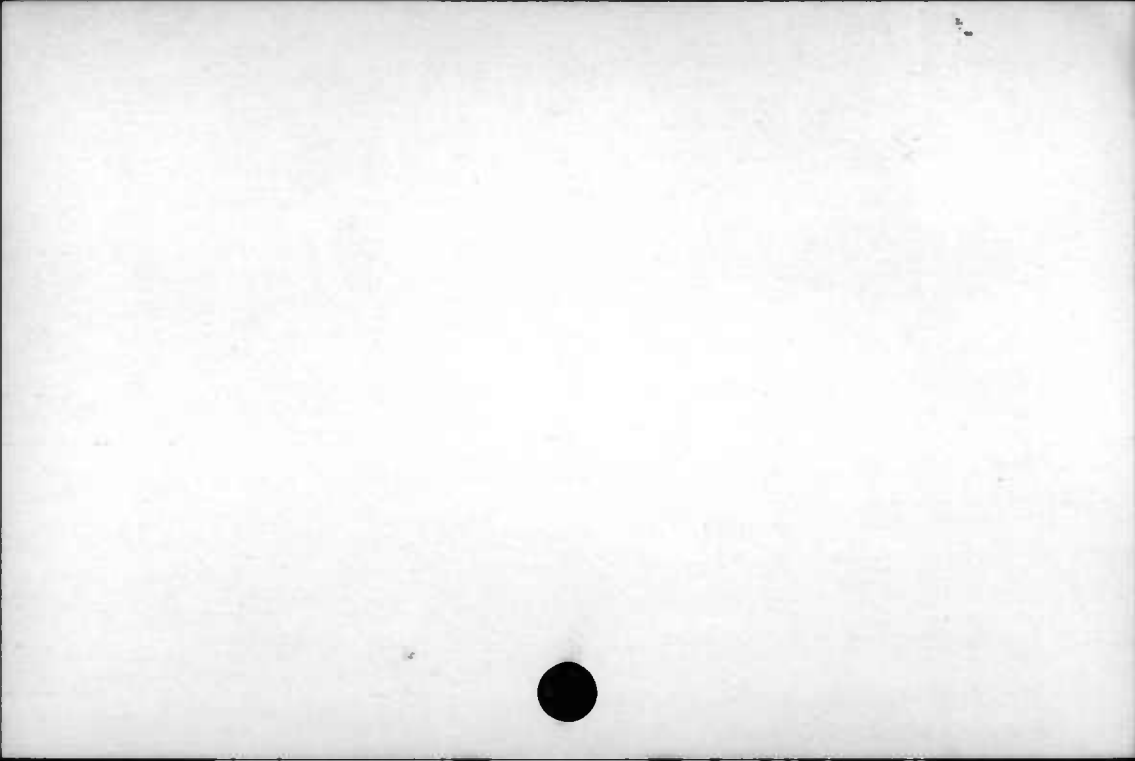
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Geo. F. Chambers, M.D.*

Address *Lusby, Calvert Co*

PHYSICIAN
OR CORONER

RECEIVED OCT 12 1903



Name
in
Full

Mathe, adoptive child of Hordeley

CERTIFICATE OF DEATH

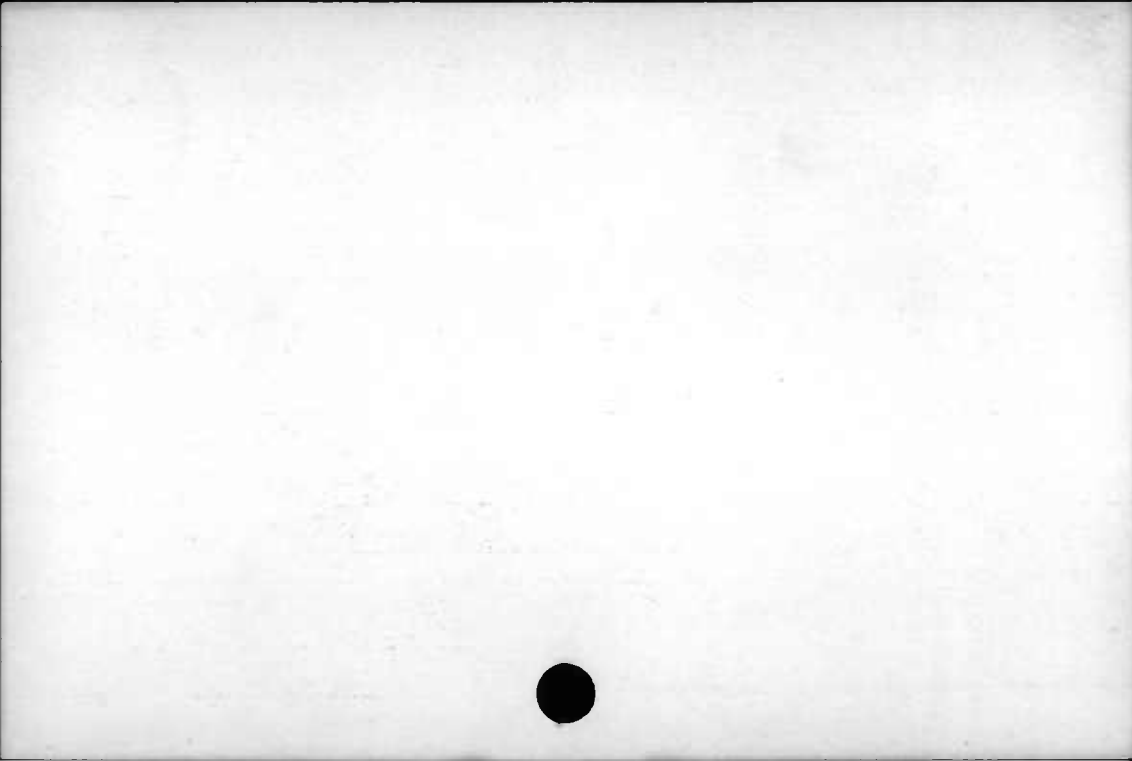
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port Republic</i> ^{Town}		<i>Calvert</i> ^{County}		MARYLAND	
Date of death 190 <i>0</i>	Month <i>Oct.</i>	Day <i>14</i>	Years <i>6</i>	Months <i>1</i>	Days
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Calvert Co</i>	
Married, Single or Widowed			Occupation <i>Childhood</i>		
Name of Wife or Husband					
Father's Name <i>None</i>			Father's Birthplace <i>Calvert</i>		
Mother's Maiden Name <i>Nasime Wilson</i>			Mother's Birthplace <i>Calvert</i>		
Name of person giving information <i>C. Hordeley</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Insanities</i>	How long <i>3 weeks</i>
Immediate <i>Attacks of Insanities</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas. J. B. Jones</i>
	Address <i>none</i>
Accident or Suicide?	



Name
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Benjamin H. Monett

CERTIFICATE OF DEATH

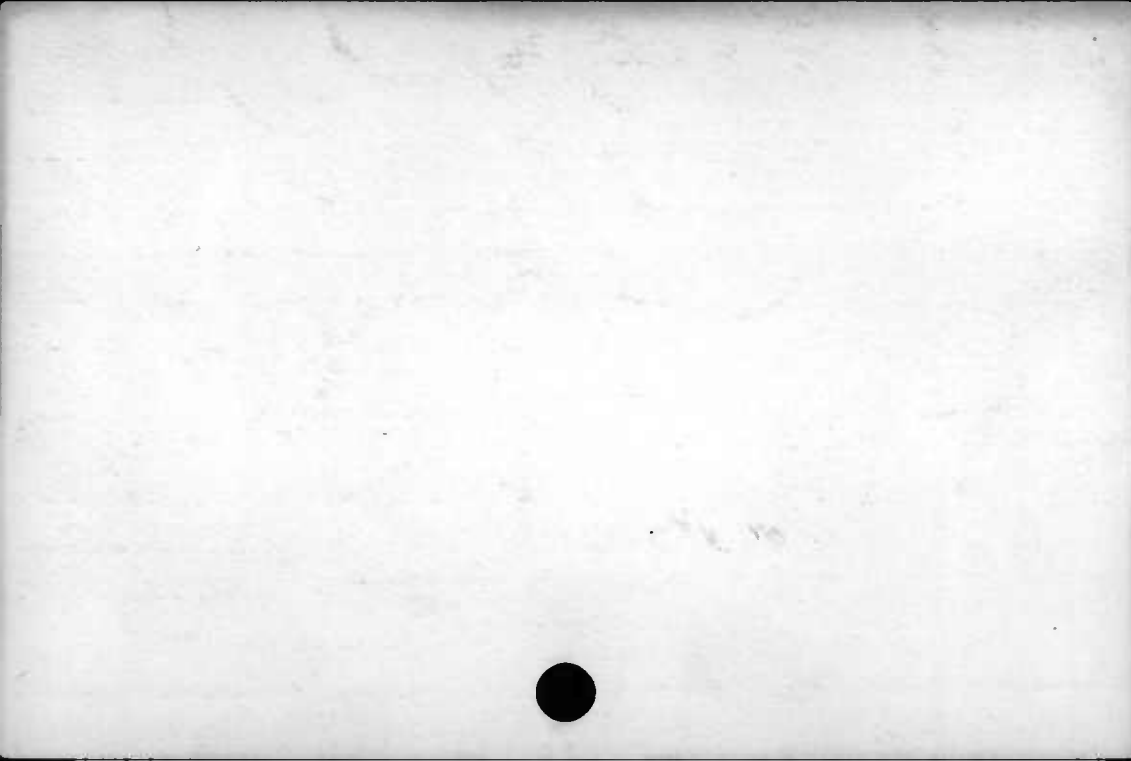
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brown's Island</i>		Town <i>Island</i>		County <i>Island</i>		MAYLAND	
Date <i>24</i> of death 190 <i>3</i>	Month <i>Oct</i>	Day <i>Saturday</i>	Age <i>65</i> Years	Months	Days		
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Bowens neck</i>				
Married, Single or Widowed <i>Widower</i>			Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Barbara</i>							
Father's Name <i>Not known</i>			<i>65</i>		Father's Birthplace <i>Bowens neck</i>		
Mother's Maiden Name <i>Not known</i>			Mother's Birthplace <i>Not known</i>				
Name of person giving information <i>H. D. S. Ritchie</i>			How related to deceased <i>Son in law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Softening of Brain.</i>		How long <i>6 months</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
<i>John I. Brooks</i>		Address <i>Island</i>
Accident or Suicide?		



Name
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Full

C. M. Simons

CERTIFICATE OF DEATH

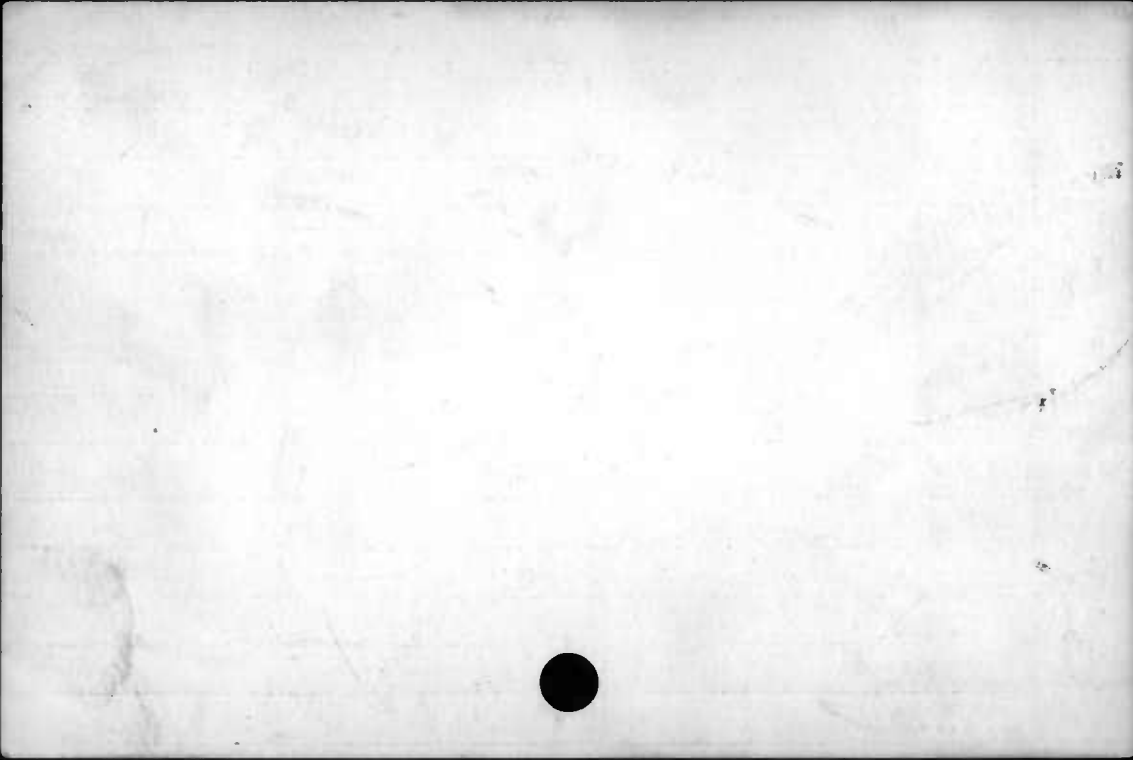
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>adleria</i> Town		County <i>calvert</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>oct</i>	Day <i>3</i>	Age <i>38</i>	Years	Months Days
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>calvert co</i>		
Married, Single or Widowed			Occupation <i>man</i>		
Name of Wife or Husband					
Father's Name <i>Hosworth Simons</i>			Father's Birthplace <i>calvert co</i>		
Mother's Maiden Name <i>Buckmaster</i>			Mother's Birthplace <i>calvert co</i>		
Name of person giving information <i>J. F. Holand</i>			How related to deceased <i>sister husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Ulcerative Phthisis</i>	How long	<i>4 Yrs</i>
Immediate	<i>Asthenia</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. M. King M.D.</i>	
		Address <i>Baltimore Md.</i>	
Accident or Suicide?			



Name in Full		Ananias Taylor				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cherryville		County Calvert		MARYLAND
	Date of death 1903	Month Oct	Day 25	Years 23	Months		Days
	Sex Male		Color or Race Colored		Birth- place Hunting Town		
	Married, Single or Widowed		Single		Occupation Farmer		
	Name of Wife or Husband						
	Father's Name James Taylor				Father's Birthplace Calvert Co		
	Mother's Maiden Name Charlotte Parker				Mother's Birthplace Calvert Co		
Name of person giving In formation J. W. Taylor					How related to deceased Brother		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Typhoid Fever				How long Two weeks		
	Immediate Exhaustion and Collaps				How long 36 hours		
	Are the name, age, sex, color, date and place correctly given above? yes				Signature of Physician J. L. Grayshaw		
					Address Friendship Md		
Accident or Suicide?							

